Application Data Sheet

Application Information

Application number:: Not Yet Assigned

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: Not Yet Assigned

CD-ROM or CD-R?:: None Sequence submission?:: None

Sequence submission?:: Non-

Computer Readable Form (CRF)?:: No

Title:: ACOUSTICALLY MEDIATED FLUID

TRANSFER METHODS AND USES

THEREOF

Attorney Docket Number:: 514542000105

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 5

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Roger

Middle Name:: O.

Family Name:: WILLIAMS

City of Residence:: Paradise Valley

State or Province of Residence:: AZ

Country of Residence:: US

Street of mailing address:: 4678 E. Foothill Drive

City of mailing address:: Paradise Valley

Page # 1

Initial 07/09/03

State or Province of mailing address:: AZ

Postal or Zip Code of mailing address:: 85253

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Tarlochan

Family Name:: JHUTTY

City of Residence:: Santa Clara

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 1901 Halford Ave., #2

City of mailing address:: Santa Clara

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 95051

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: N.

Middle Name:: Nicolas

Family Name:: MANSOUR

City of Residence: Hillsborough

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 945 Culebra Road

City of mailing address:: Hillsborough

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Page # 2

Initial 07/09/03

PA-802911

Status:: Full Capacity

Given Name:: Lawrence

Family Name:: LEE

Name Suffix:: Jr.

City of Residence:: Sunnyvale

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 346 Carroll Street

City of mailing address:: Sunnyvale

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: J.

Family Name:: FORBUSH

City of Residence:: Hollister

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 591 Bordeaux Place

City of mailing address:: Hollister

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 95023

Correspondence Information

Correspondence Customer Number:: 25226

Representative Information

Representative Customer Number:: 25226

Domestic Priority Information

Application::
This application

Continuity Type:: Continuation of

Parent Application:: 09/735,709

Parent Filing Date:: 12/12/00

12/12/00

is a